**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 18, 2014**
**Secretary of State**
**CC1553411846**

DOCUMENT# 596732

**Entity Name:** CAMPBELL & ROBERTS INSURANCE, INC.

**Current Principal Place of Business:**

3201 N. FEDERAL HWY.
SUITE 200
FORT LAUDERDALE, FL 33306

**Current Mailing Address:**

3201 N. FEDERAL HWY.
SUITE 200
FORT LAUDERDALE, FL 33306

**FEI Number: 59-1873792**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ARTHUR CAMPBELL
3201 N. FEDERAL HWY., STE. 200
FORT LAUDERDALE, FL 33306 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE:

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | P |
| Name | CAMPBELL, ARTHUR |
| Address | 3201 N FEDERAL HWY #200 |
| City-State-Zip: | FORT LAUDERDALE FL 33306 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: ARTHUR B. CAMPBELL, JR. PRESIDENT 03/18/2014

Electronic Signature of Signing Officer/Director Detail — Date